

MEDICAL REGISTRY SERVICES NETWORK MANAGEMENT PROVIDER

This form must be submitted with your Bid/Proposal. Failure to do so may be cause for your Bid or Proposal to be disqualified.

By virtue of submitting this form, the undersigned is **CERTIFYING UNDER PENALTY OF PERJURY** that they are the duly authorized representative accepting the terms and conditions expressed in the RFP.

I. CORRECTION OF MATHEMATICAL ERRORS

In the case of a discrepancy between the Rate per Hour and the Bid Amount, the Rate per Hour shall prevail. However, if the Rate per Hour is ambiguous, illegible, uncertain, or is omitted, the Bid Amount shall be divided by the Estimated Number of Hours and Number of Months to determine the Rate per Hour. In the case of a discrepancy between the Bid Amount per institution and the Group Total, the Bid Amount per institution shall prevail.

COMPANY NAME:

STREET ADDRESS:

P.O. BOX:

CITY, STATE AND ZIP CODE:

CITY, STATE AND ZIP CODE:

TELEPHONE NUMBER:

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FAX NUMBER:

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FEDERAL ID or SOCIAL SECURITY NUMBER:

E-MAIL ADDRESS: (Address to be used on the matrix)

TAX STATUS

[] Individual/Sole Proprietor

[] Estate or Trust

[] Partnership

[] Corporation (State in which incorporated _____)

[] Other: _____

PRINT NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

SIGNATURE OF AUTHORIZED REPRESENTATIVE:

DATE:

II. SMALL/MICRO BUSINESS CERTIFICATION

NOTE: IF YOU ARE A CERTIFIED SMALL/MICRO BUSINESS ENTERPRISE AND FAIL TO COMPLETE THIS SECTION, YOUR BUSINESS MAY BE CLASSIFIED AS A LARGE BUSINESS, WHICH WILL PRECLUDE YOUR BID FROM RECEIVING THE FIVE PERCENT (5%) SMALL/MICRO BUSINESS PREFERENCE.

SMALL BUSINESS STATUS:

- I am a Small Business Enterprise. My DGS SB Certification number is: _____
- I am a Microbusiness Enterprise. My DGS MB Certification number is: _____
- I am a large business seeking the Non-Small Business Subcontractor preference.
- I am a large business.